

L160000011614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

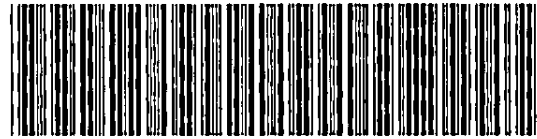
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R. WHITE  
JUN 10 2019

FILED  
2019 JUN -7 AM 11:17  
JUL 10 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lifecycle Simulation Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A Hodnett

\_\_\_\_\_  
Name of Person

Lifecycle Simulation Services, LLC

\_\_\_\_\_  
Firm/Company

812 N Atlantic Dr

\_\_\_\_\_  
Address

Lantana, FL 33462

\_\_\_\_\_  
City/State and Zip Code

mark.hodnett@lesim.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hodnett

713

870-4166

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RECEIVED**

APR 29 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

MARK A HODNETT  
812 N ATLANTIC DR  
LANTANA, FL 33462

SUBJECT: LIFECYCLE SIMULATION SERVICES, LLC  
Ref. Number: L16000011614

We have received your document for LIFECYCLE SIMULATION SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist III

Letter Number: 219A00009353

RECEIVED  
2019 JUN -6 11:12:08  
SECRETARY  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2019 JUN -7 AM 11:17  
CLERK

Lifecycle Simulation Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/09/2016 and assigned  
Florida document number L16000011614.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LCSIM, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LIFECYCLE SIMULATION SERVICES, LLC  
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Mark Hodnett

Name of Person

LIFECYCLE SIMULATION SERVICES, LLC

Firm/Company

812 N Atlantic Dr

Address

Lantana, FL 33462

City/State and Zip Code

markahodnett@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hodnett

713 870-4166  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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